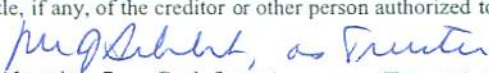


U.S. BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Debtor: LaToya S. Fomby Joint Debtor:		Case Number: 02-15738B	Chapter: 7
Name of Creditor: Platinum Financial Services			
Address where NOTICES should be sent: [Correct address here if needed] Platinum Financial Services 702 Kings Farm Blvd. Rockville, MD 20850 Telephone Number:		Address where PAYMENTS should be sent [if different]	
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Last four digits of account or other number by which creditor identifies debtor:		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim, dated:	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other	<input type="checkbox"/> Services performed <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last 4 digits of SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: 2000		3. If court judgment, date obtained:	
4. Classification of Claim: Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse for explanations. Unsecured Non-priority Claim \$ 4,330.00 <input checked="" type="checkbox"/> Check this box if: (a) there is no collateral or lien securing your claim, or (b) your claim exceeds the value of the property securing it, or if (c) none or only part of your claim is entitled to priority. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic Support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
5. Total Amount of Claim at Time Case Filed: \$ 4,330.00 [unsecured] \$ _____ [secured] \$ _____ [priority] Total Amount of the Claim: \$ 4,330.00 This claim is filed by the trustee based on information filed by the debtor. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
See additional important information on the back of this form.			
Date: 10/27/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;">  Mark J. Schlant, as Trustee for LaToya S. Fomby </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			